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Modified PTO/SR/A3 (04-01)  
Based on form approved for use through 12/31/2008

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/489,373		
	Filing Date	January 21, 2000		
	First Named Inventor	Daniel A. Clardullo		
	Art Unit	2823		
	Examiner Name	Dominic Sallarelli		
	Attorney Docket Number	2369.004US1		

**To: Commissioner for Patents**  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners associated with Customer Number: 21186

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

**Certifications**

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

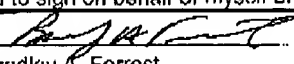
B. ☒ Inventor or Assignee Name Koplar Interactive Systems International, L.L.C.

Address One Memorial Drive, Suite 2000

City St. Louis State MO Zip 63102 Country United States of America

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name Bradley A. Forrest Registration No. 30,837

Address 1600 TCF Tower, 121 South 8th Street

City Minneapolis State MN Zip 55402 Country USA

Date 22 July 2010 Telephone No. (612) 373-6972

**NOTE:** Withdrawal is effective when approved rather than when received.